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CONFIRMATION NO. 8563

SERIAL NUMBER 10/608,254	FILING OR 371(c) DATE 06/27/2003 RULE 1.47	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. 2002P18305 US01
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## APPLICANTS

Mary Balogh, Hollywood, FL;

*Reviewed  
S.R.R.*

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/423,471 11/04/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None (S.R.R.)*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 09/23/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance
Verified and Acknowledged	<i>Mary Balogh</i> <i>S.R.R.</i> Examiner's Signature Initials
STATE OR COUNTRY	FL
SHEETS DRAWING	10
TOTAL CLAIMS	17
INDEPENDENT CLAIMS	3

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## TITLE

System for processing unpaid healthcare claims

FILING FEE RECEIVED 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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